

Southend-on-Sea Borough Council

Integrated Pioneer Programme Report to Health and Wellbeing Board

On
18th June 2014

Report prepared by:
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Agenda
Item No.

4

Integrated Pioneer Programme, Better Care Fund and Joint Integration

1. Purpose of Report

A draft Better Care Fund plan (BCF) was submitted to the Health and Wellbeing Board on 11th February 2014. The final BCF submission was presented to the Health and Wellbeing Board on 26th March 2014 for agreement. The Board is asked to note that updates to the final submission have been requested by NHS England and are due on 27th June 2014.

An Integrated Pioneer update was submitted to the Health and Wellbeing Board on 30th January 2014. The Board endorsed the report and requested an update at the March 2014 Board. A Pioneer update, as part of the final BCF submission, was submitted to the Board on 26th March 2014 for agreement. Through this paper the Board is now asked to note an update to Pioneer Activity.

2. Recommendation

The Board is asked to consider the update to Southend BCF and Pioneer activity.

Agree delegated authority to Cllr David Norman, Rob Tinlin, Simon Leftley, Melanie Craig and Dr Paul Husselbee so an update to the final BCF plan may be submitted to NHS England on 27th June 2014.

3. Background

- 3.1 The Government's intention is for health and social care commissioning and delivery to be integrated between the NHS and local government. This was outlined with the publication of Integrated Care and Support; Our Shared Commitment and guidance issued between October 2013 and December 2013 on the Integration Transformation Fund (ITF) latterly renamed the Better Care Fund (BCF). The shared commitment requires areas to achieve integration within

5 years and for Clinical Commissioning Groups to develop five year plans by June 2014.

3.2 The Better Care Fund submission, approved by the Board on 26th March 2014, represents a medium term plan covering a year of preparation (2014-15) and a year of delivery (2015-16). The Fund is pooled and created from existing funding streams with the expectation that monies are reallocated over the two year period to achieve the key objectives of the Better Care Fund.

3.3 There is no prescriptive blue print for implementation, however guidance issued on the 17th October encouraged Local Authorities and CCGs to

“create a shared plan for the totality of health and social care activity and expenditure that will have benefits way beyond the effective use of the mandated pooled fund. We encourage Health and Wellbeing Boards to extend the scope of the plan and pooled budgets.”

Our status as Integrated Pioneer is the vehicle to deliver the shared plan.

3.4 The key aims of the Better Care Fund are set out by Government and performance will be measured against these objectives.

3.5 The key aims are:

- Protection for social care services.
- Seven day working across health and social care to support hospital discharge and avoid hospital admission.
- Data sharing.
- Joint planning and assessments.
- Identification of a lead accountable professional for joint packages of care.
- Agreement on impact on the acute sector.

3.6 The Southend fund allocation is £687k for 14/15 and £12,772k for 15/16 of which £3,358k is potentially subject to pay-for-performance measures. The £3.8bn being made available through the Better Care Fund is not ‘new’ money.

3.7 The integration approach in Southend is being driven by a strategic alliance, governed via the Joint Executive Group (JEG), with the overarching aim of ensuring “that Southend is the healthiest town in England by 2020 for all residents from birth to old age”. The alliance is comprised of:

- Southend on Sea Borough Council
- Southend Clinical Commissioning Group
- Southend University Hospital NHS Foundation Trust
- South Essex Partnership University NHS Foundation Trust

3.8 At a high level the integration will build on existing initiatives and trial new ways of working in the areas of:

- Prevention & Engagement;
- Joint Commissioning; and
- Service delivery

To assist in the development of the above areas two cross-cutting workstreams have been designed. These are;

- Information and Technology; and
- Communications

A detailed update to the areas noted above is provided in Appendix 2.

4. Next steps

- 4.1 Updates to the BCF Plan have been requested by NHS England and will be submitted on the 27th June 2014.
- 4.2 The JEG, on behalf of the Health and Wellbeing Board, continues to oversee BCF and Pioneer activity. Regular reports will be made to the Health and Wellbeing Board which will have overall responsibility for setting and agreeing strategic direction.

5. Corporate Implications

- 5.1 Contribution to Council's Vision and Critical Priorities:
- 5.2 Financial Implications – The BCF sets out joint Council and CCG expenditure over the next two years.
- 5.3 Legal Implications – None. The plans are compliant with Government requirements
- 5.4 People Implications – None currently. Any implications for staff arising from the Better Care Fund will be managed under the relevant organisations HR procedures.
- 5.5 Property Implications - None
- 5.6 Consultation – consultation, as required, will be carried out in accordance with any identified requirements.
- 5.7 Equalities Impact Assessment - The BCF plan should result in more efficient and effective provision for vulnerable people of all ages.
- 5.8 Risk Assessment – There is a risk of reputational damage if the Plan is not delivered and the anticipated outcomes are not realised.

6. Background Papers

None

7. Appendices

Appendix 1 – Better Care Fund Plan Update.
Appendix 2 – Integrated Pioneer Update